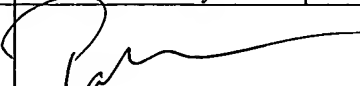


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11324 U.S. PTO

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 59210.000046	
First Inventor Ruey J. YU		Title IMPROVED BIOAVAILABILITY AND IMPROVED DELIVERY OF ALKALINE PHARMACEUTICAL DRUGS	
Express Mail Label No.			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 50] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D (if applicable)		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
5. Oath or Declaration (unexecuted) [Total Pages 03]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		17. <input type="checkbox"/> Other:	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 21967		or <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____			
City _____		State _____ Zip Code _____	
Country _____	Telephone _____	Fax _____	
Name (Print/Type)	Patrick A. Doody	Registration No. (Attorney/Agent)	35,022
Signature		Date	March 4, 2004

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